KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

for the year 1933

by

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.
(Barrister-at-Law)

School Medical Officer

PRINTED BY THE STANHOPE PRESS LIMITED, ROCHESTER,
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DEPARTMENT, SESSIONS HOUSE, MAIDSTONE

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Public Health Department,
Sessions House,
Maidstone.
March 14th, 1934.

To the Chairman and Members of the Kent Education Committee

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit herewith my twenty-first Annual Report upon the work of Medical Inspection and Treatment of School Children in the County of Kent during the year ended 31st December, 1933.

The arrangement of the various sections of this Report is the same as in previous years ; and these sections, and the tables which will be found at the end, are all in compliance with the requirements of the Board of Education.

I have incorporated, as in previous years, reports on various aspects of the work, contributed by the school medical inspectors and the dental surgeons ; and I am sure your Committee will find these an added interest to the main body of the Report.

Dr. J. W. Fox has again assisted me in the preparation of this Report, in his capacity as Assistant School Medical Officer ; and all the members of my staff have carried out their many duties in connection with medical inspection in a praiseworthy manner. To them, to the Committee's officials, and to the headmasters and mistresses of the schools (who have been unfailing in their interest and support), I tender my appreciation and thanks.

Finally, I would record my thanks to the Committee for steady encouragement throughout the year. To such encouragement and support is due the successful maintenance of an efficient service for the medical care and supervision of the 100,197 children in the Committee's schools.

I am, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.

KENT EDUCATION COMMITTEE

Report of the School Medical Officer

on the

Medical Inspection & Treatment of School Children

for the year ended 31st December, 1933

1.—The Staff.

Dr. C. Connacher's place has been taken by Dr. J. E. Cheesman, following the former's resignation to take up another appointment. Dr. Cheesman is at present on the temporary staff. There have been no other changes.

In addition to the particulars of staff given last year, the Committee employ eight women dental attendants, one of whom works in the area of each whole-time dentist.

2.—Co-ordination.

A further step has been made, in that the School Oculist now undertakes the certification of blind persons throughout the county.

3.—School Hygiene.

At each school, the doctors review all the elements comprised in "school hygiene" and report any defects calling for action. Owing to financial difficulty, it is not possible, in the case of some non-council schools, to carry out all the improvements suggested forthwith, but progress is being made.

4.—Medical Inspection.

A detailed statement of the routine of medical inspection was given in my report for 1932.

5.—Findings of Medical Inspection.

The defects and diseases found at the routine medical examinations are recorded in Tables 9 and 13 on pages 57 and 70.

(*b*) *Uncleanliness.* Except for a falling off of the number of examinations made, due to absence from duty of one of the whole-time nursing staff, there is no significant difference from the results obtained in the last three or four years. 3.9% of the girls, and 0.9% of the boys showed some evidence of verminous infection. In the case of the re-examination of children already found to be infected, the results were 35.7% and 11.5% respectively.

(*d*) *Visual Defects.* The number of children found to be suffering from defective vision requiring attention was 1,291. This number varies very little from year to year. In addition, 254 cases of squint were recorded.

(*e*) *Nose and Throat Defects.* The number of these defects recommended for treatment has also been nearly constant in past years, but for 1933, it has fallen from 2,226 to 1,578, a result which I can only attribute to an attitude on the part of the medical inspectors arising from the criticisms contained in the Report of the Committee on Local Expenditure, 1932, and to the view, increasingly held, that tonsillar enlargement unaccompanied by inflammation is often physiological.

6.—Following-up.

I have nothing to add to my report for 1931, and previous reports.

The following is a summary of the work undertaken by the school nurses. It will be noted that the amount of work done is slightly less than in previous years. This decrease is chiefly due to the long illness of one of the whole-time nurses:

Table 1.—*Summary of work carried out by Nurses during the year* 1933
(*See also Table* 11, *Section* VI)

Year	School Roll of Area	No. of Visits to Schools	No. of Examinations of Girls	% of Girls Verminous*	No. of Examinations of Boys	% of Boys Verminous*	No. of Re examinations of Girls	% of Girls Verminous*	No. of Re-examinations of Boys	% of Boys Verminous*	% of Girls Excluded	% of Boys Excluded	% Exclusions to School Roll	No. of other visits to Schools	Attendances at Clinics	% Home visits to School Roll	% of other Exclusions to School Roll
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1933	84,234	2,600	98,079	3.9	90,209	0.9	8,537	35.7	3,782	11.5	0.6	0.2	0.9	1,364	1,484	22.1	1.4
1932	80,547	2,977	97,226	4.0	93,860	1.3	11,182	32.2	4,091	13.0	0.4	0.1	0.7	1,587	1,565	28.5	1.4
1931	78,405	2,904	97,263	5.1	88,885	1.3	14,916	22.6	8,111	6.4	0.5	0.2	0.9	1,309	1,589	31.2	1.9
1930	76,274	3,128	96,662	5.2	86,490	1.4	19,221	21.7	10,154	7.5	0.5	0.1	0.9	1,457	2,451	55.6	1.9

* "Verminous" children include all degrees of uncleanliness, from "a few nits" to "many live vermin."

7.—Arrangements for Treatment.

There have been no further developments under the Committee's arrangements.

Operative treatment of cases of enlarged tonsils and adenoids:

Table 2.—Number of Children treated during 1933 *under arrangements made by the Committee*

Hospital or Clinic	Tonsils and Adenoids No. of Cases
Ashford Cottage	8
Barnes Cray Nursing Home	16
Bromley Cottage	2
Bexley Cottage	60
Chislehurst, Orpington and Cray Valley	64
Dartford, King Edward Avenue	42
Deal Victoria	19
Dover, Royal Victoria	3
Faversham Cottage	21
Folkestone, Royal Victoria	59
Gravesend General	3
Herne Bay Cottage	16
Kent and Canterbury	112
Kent County Ophthalmic	130
Margate General	21
Rochester, St. Bartholomew's	2
Rye Memorial	8
Sevenoaks and Holmsdale	14
Sheerness Clinic	65
Tonbridge Cottage	21
Tunbridge Wells Eye and Ear	29
Tunbridge Wells General	3
Whitstable and Tankerton Cottage	9
Total	727
Total for 1932	1,180
Total for 1931	1,565
Total for 1930	1,191

Number of children examined at the Committee's Ophthalmic Clinics :

Table 3.—Showing cases of defective vision examined by the school oculist

	Ashford	Aylesham	Broadstairs	Dartford	Hythe	Maidstone	Northfleet	St. Mary Cray	Sevenoaks	Sheerness	Sittingbourne	Snodland	Tonbridge	Whitstable	Total
New cases ..	100	19	87	306	75	106	81	68	53	94	107	55	110	65	1326
Re-examinations	104	26	37	296	19	68	94	59	77	118	126	53	170	51	1298
Glasses prescribed	110	23	60	327	52	93	96	63	53	82	89	45	116	47	1256
Glasses obtained*	124	28	48	265	61	100	121	77	77	115	111	44	152	54	1377

* Includes spectacles prescribed in previous years, but obtained during 1933.

Table 4.—Showing school children from the area of the Kent Education Committee, who were seen at the County Council Tuberculosis Dispensaries during 1933

Age	Tuberculosis of Lungs (Definite)		Tuberculosis of Lungs (Suspected)		Treated as Pre-Tuberculous, etc., but not suspected of T.B. Lungs		Glands		Spine		Hip		Other Bones and Joints		Skin		Other forms of Tuberculosis		Non-Tuberculous Diseases		No Disease		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5	1	1	2	2	5	7	5	4	1	—	—	—	—	2	1	—	—	2	10	7	21	14	46	39
6	1	2	2	4	8	4	7	6	1	1	2	—	1	—	—	1	1	—	6	5	33	15	62	38
7	3	3	5	4	9	9	8	2	—	1	1	3	2	—	—	1	2	3	7	4	26	24	63	54
8	4	2	2	3	7	12	11	3	1	—	1	—	1	2	—	—	5	3	9	8	23	21	64	54
9	3	2	3	1	6	10	6	10	—	1	1	—	—	3	—	—	3	1	7	6	20	22	49	56
10	8	3	4	6	9	8	6	8	—	—	4	1	1	1	—	1	3	1	7	11	18	18	60	58
11	5	6	5	7	6	13	7	7	—	2	—	2	1	—	—	—	6	—	6	8	24	23	60	68
12	6	6	8	2	9	9	6	5	1	1	—	—	—	2	1	—	6	—	8	5	17	32	62	62
13	9	10	5	6	5	15	9	8	—	—	2	2	2	3	—	—	3	3	5	4	10	15	50	66
14	7	4	2	2	1	2	—	3	—	1	—	1	—	2	—	—	3	1	2	2	12	12	27	30
Totals	47	39	38	37	65	89	65	56	4	7	11	9	8	15	2	3	32	14	67	60	204	196	543	525
1932	52	41	40	44	59	93	60	54	5	10	12	11	17	14	3	6	29	14	96	88	230	223	603	598

Table 5.—Orthopædic treatment of school children from the area of the Kent Education Committee, 1933

No. of Patients who attended the Out-Patient Clinics during the year	New Patients	405	732
	Old Patients	327	
No. of Attendances	Clinic		3,565
	Special		3,817
No. of Patients admitted for In-Patient Treatment			57
No. of Patients discharged from In-Patient Treatment			53
No. of Patients still under treatment (as In-Patients) on January 1st, 1934			21
No. of Patients X-Rayed			19
Surgical Appliances provided			183
No. of cases in which travelling expenses have been paid	New cases in 1933	62	91
	Old cases	29	

Table 6.—Classification of the defects of the 405 new patients (school children) who attended the Out-Patient Clinics during 1933, from the area of the Kent Education Committee

Defect	Male	Female
1. Congenital deformities :		
Clubfoot	19	27
Congen. dislocation of hip	—	—
Congen. malformations	3	5
Congen. paralyses	6	6
2. Deformities due to Rickets	9	6
3. Poliomyelitis and resulting deformities	6	4
4. Other acquired deformities :		
Flatfoot	74	58
Curvature of spine (excluding Tuberculosis)	45	67
Deformities or limitation of movement, the result of fracture	15	5
Amputations for injury or disease	—	2
Disabilities arising from osteitis or periostitis	2	1
Arthritis	1	—
Deformities due to nerve injuries or disease	3	1
Other deformities	19	14
5. No information	2	1
6. No defect discovered	2	2
TOTALS	206	199

The following extracts are from reports received from the School Dental Surgeons :

Area No. 3.—Mr. H. Cantor, L.D.S.

"During the year 1933, all schools have been visited twice, and every school child has been dentally inspected. Treatment has been carried out at Broadstairs, Herne Bay, Sandwich and Westgate-on-Sea.

"Of 3,275 routine cases inspected, 1,638 (50%) were referred for treatment. Of 4,841 re-inspections, 1,815 (37%) were referred for treatment.

"Actually, 1,931 individual children were treated (being 741 routines and 1,190 re-inspections), and these 1,931 children made 3,018 attendances for the purpose of completing their treatment. Dealing with conservative treatment, a grand total of 2,489 fillings were inserted in all cases ; of this number 2,325 were permanent fillings and 164 deciduous fillings. The proportion of fillings work out thus :

"1,671 in 1,190 re-inspections ; and 818 in 741 routine cases.

"Turning to the total number of extractions, these amounted to 2,823 in the deciduous series, and 159 in the permanent dentition. It is significant that 98 of these permanent extractions occurred in the 741 routines (one in just over seven cases).

"From the above figures it will be appreciated that, in general terms, we are at last obtaining figures which can now be construed as fairly satisfactory. It is, therefore, not without instruction to consider a few of the changes in the dental work which have come about in this particular area during the past eight years. In 1925, it was quite common to find a large percentage of the children with numerous septic deciduous teeth and roots accompanied by ulcerative conditions of the mouth ; similarly one often found large numbers of hopelessly carious permanent teeth often with a chronic alveolar abscess. Cervical adenitis (as sequalae) was common, as also was the general debility so often initiated by long neglected dental caries and sepsis. To-day, this area presents a different clinical picture and it has been brought about by three main factors :

(1) Consistent dental inspections twice yearly, plus discreet 'following up' of 'refusals'. The mothers of these latter are invited by the dental attendant to come to the clinic to meet me primarily in a consultation as to the particular child's condition. A chat in easily comprehensible terms is given to those who avail themselves of this opportunity.

(2) Head teachers in this area are most helpful; I cannot adequately express my appreciation of their efforts to encourage their scholars to attend the clinics.

(3) Lastly there has been an awakening of the hitherto biased or unenlightened section of parents to the fact that dental disease undermines good health and leads to physical disablement."

Area No. 8.—Miss M. Cross, L.D.S.

"In April of this year the clinic at Snodland, with its district, was added to the area. It is, as yet, too soon to report on the work there, for it always takes some time for a new surgeon and different methods of organisation to become established. Attendances at West Malling continue to be variable, due to the clinic being held on Saturday mornings; twice as many consents, however, were received following this year's inspection as were returned in 1931.

"The pressure of work at Ashford clinic continues to increase. The number of urgent cases recommended by the school doctors and nurses, and the number of requests from parents and teachers, have continued to keep the clinic fully supplied, so that it has not been practicable to carry out many inspections in this area during the year.

"Forty-three girls from the County School have made from two to eight visits each for treatment.

"Two dentures were inserted during the year and seven regulation plates have been supplied.

"General anæsthetics were administered in 191 cases of gross sepsis, multiple extractions or extreme nervousness; this is a service which is being more and more appreciated by both parents and children.

"In conclusion I would tender my most grateful thanks to Nurses Drew, Saunders and Blackmore, who gave such ungrudging and willing assistance during the first three months of the year, when I was without a dental attendant."

Area No. 4.—Mr. W. Dawe, L.D.S.

"Six thousand one hundred and thirteen children were found to be defective among 9,358 inspected, representing 63.2%; 1,768 individual children made 2,306 attendances at the clinics.

"The year has been marked by steady progress, many of the former backward areas showing encouraging signs of realising the urgent necessity of treatment. The difficulty of persuading parents of the importance of regular attendance at regular intervals remains. Too

often, when all the obviously decayed teeth are removed, the need for conservative work at the subsequent inspection is disregarded. An extraordinary number of people still regard the practice of dentistry as consisting entirely of the extraction of aching molars.

"The GODFREY DENTAL TROPHY which is awarded annually to the school in the Sandwich, Eastry and Dover areas which shows the highest percentage of fit mouths at inspections during the year, has again been won by the Eythorne Elvington Temporary Council School. At this school fifty per cent. of the children had fit mouths, i.e., mouths requiring no dental treatment. This is the third year in succession that the Trophy has been awarded to this school.

"I should like to pay tribute to the extremely valuable assistance rendered by my dental attendant both in the surgery and in tactful and persuasive propaganda in home visiting.

"The health visitor and teachers have, as before, been untiring in their efforts towards combating apathy on the part of parents."

Area No. 5.—Mr. L. F. Hayes, L.D.S.

"The permanent treatment centres of Northfleet and Sittingbourne have again maintained a good average. Temporary clinics have been held at Meopham, Lower Halstow, Frindsbury and Hoo.

"The total number inspected was 10,130. Of those inspected for the first time 61.5% required treatment. It is not so strange as it appears, that the incidence of caries, in children entering school with a sound dentition, is soon evident in the majority of cases.

"Of the children re-inspected 73.06% required treatment.

"The past year has been a peak year for dental fitness. The number of cases of long standing sepsis is less than 1%, and the majority of older children found unfit required conservative treatment. This accounts for the disappointment in the number of acceptances from schools which have hitherto been so good. Since the child has no pain, and the parent cannot see the defect, treatment was not applied for at the appropriate time. This will probably be followed by a large crop of permanent extractions during the coming year.

"The average daily attendance was 17.1. The average daily completed treatments were 11.7.

"Fifty-eight children were treated as orthodontic cases.

"The past year has been one of smooth running, owing to the

increasing interest and sustained efforts of head teachers, nurses, and my dental attendant. To all these and others I offer my hearty appreciation."

Area No. 7.—Mr. D. W. Lamb, L.D.S.

"Dental treatment has been carried out during the past year in three permanent centres—Sheerness, Whitstable and Faversham—and in all the temporary rural clinics.

"Three hundred and twenty-seven sessions were devoted to treatment and forty-four to inspection. Of the children inspected, 60% were referred for treatment ; 1,872 children made 3,023 attendances at the clinics, 1,377 fillings being done in permanent and 94 in deciduous teeth ; 540 permanent and 2,697 deciduous teeth were extracted ; 21% of these permanent teeth were removed for regulation reasons. A number of orthodontic appliances have also been fitted during the year.

"I wish once again to thank the nurses and teachers for the able co-operation and the members of the office staff for their invaluable assistance when difficulties have arisen. I owe both praise and gratitude to my dental attendant for her excellent work both in the clinics and at propaganda ; these untiring efforts contribute very greatly to the success and smooth running of the dental work in my area."

Area No. 6.—Mr. F. A. Markham, L.D.S.

"The number of children inspected in forty-four schools and departments was 6,668; this figure remains fairly constant.

"The number inspected and percentages referred for treatment under the new grouping were :

(a) Inspected 3,885 and of these 71% were referred for treatment.

(b) Inspected 2,783 and of these 51% were referred for treatment.

"Treatment was carried out in the permanent centres at Sevenoaks and St. Mary Cray. The Sidcup centre is now being run on a semi-permanent basis as this area has grown rapidly and is still increasing. It is to be hoped that more suitable premises will be obtainable in the near future.

"A new temporary clinic was opened at Biggin Hill this year, and brings the total of temporary clinics in the area to eight in number.

"The total number of attendances for treatment was 3,361, making a daily average of seventeen, which is an increase over the preceding year.

"The number of completely treated children has, however, fallen from eight to seven per day.

"I would like to thank those head teachers and the staffs of the schools in my area who have assisted me during inspections and helped me by their keenness and interest in the work.

"My attendant has again proved invaluable. Her work has been reflected in the good attendances and general smooth running of the clinics."

Area No. 1.—Mr. W. Nicholls, L.D.S.

"During the period under review, as there has been a rapid and marked increase in the population in my area, an increasing number of children have come under the dental scheme. This has necessitated a strict regulation of inspection sessions so as to provide more time for treatment sessions, and in consequence it has not been possible to visit all the schools in my area. Moreover, in order not to curtail the routine work of fillings and extractions, no new cases of orthodontic treatment were undertaken this year, though the necessity of this work is constantly borne in mind.

"Extraction of teeth has a definite place in preventing irregularities, but the greatest care is always exercised before deciding whether to extract or not. Doubtful cases were submitted for examining radiographs and bad cases of malocclusion referred to Guy's Hospital Dental School.

"Treatment has been carried out at three permanent clinics, Dartford, Bexley Heath and Welling, at all of which the attendance was satisfactory.

"Incidentally, it may be mentioned that it has been found necessary to restrict the random attendances of casuals, who from time to time have refused to take advantage of the regular facilities available. Preference should, I think, be given to those who are prepared to accept regular and continuous treatment.

"In my opinion the Authority's revised scheme of proportional clinic fees is sound, because it has encouraged numbers of parents, who from poverty or other reasons, might otherwise have failed to bring their children to the clinics for the dental treatment which they required.

"The general impression drawn from the work of the clinics is the growing increase in the interest evinced by parents and children in dental treatment, and the closer co-operation of which has been established between the preventative and treatment side of the scheme."

Area No. 2.—Mr. F. J. Saunders, L.D.S.

"Dental inspections and treatment have been carried out in eight centres in my area during the year 1933.

Permanent centres—Tonbridge, Borough Green, Southborough.

Temporary centres—Edenbridge, Paddock Wood, Lamberhurst, Pembury, Langton.

58 schools (including departments) have been inspected.

66% of the children referred for treatment accepted same.

41 children, including those who failed to complete treatment, were carried forward into 1934 for completion of treatment.

327 applications for treatment were received (without inspection).

153 visits were necessary in respect of children who failed to keep their appointment.

1,122 visits were made in respect of children whose parents failed to sign form 57 M.I. after inspection, and 388 forms 57 M.I. were signed as a result of these visits.

16 miscellaneous visits were made during the year 1933.

1,291 is the total number of visits made during the year 1933.

134 half-days were devoted to visiting and propaganda work by my dental attendant, under my instructions.

"I am greatly indebted to my dental attendant, and head teachers for their unfailing co-operation throughout the year."

8.—Infectious Diseases.

It was necessary to close two schools during 1933—in one case for one week on account of influenza, in the other case for a fortnight on account of scarlet fever.

The following is a statement of the action taken under the regulations, showing the number of certificates issued in respect of attendances of less than 60% on account of infectious disease :

Table 7

Disease Prevalent	Period Covered by Certificate						
	One week	Two weeks	Three weeks	Four weeks	Five weeks	Six weeks & over	Total
Measles	2	2	3	2	—	—	9
Measles and Whooping Cough ..	1	1	—	1	—	—	3
Measles and Chicken-pox ..	2	—	—	—	—	—	2
Measles and Influenza	—	1	1	—	—	—	2
Measles, Chicken-pox and Influenza	—	1	—	—	—	—	1
Chicken-pox	6	2	3	—	1	—	12
Chicken-pox and Whooping Cough	1	—	—	—	—	—	1
Chicken-pox and Influenza ..	3	2	—	1	—	—	6
Chicken-pox and Colds	—	1	—	—	—	—	1
Colds	—	2	—	—	—	—	2
Influenza	71	47	6	1	—	—	125
Influenza and Colds	14	8	1	—	—	—	23
Influenza and Mumps	1	—	—	—	—	—	1
Influenza and Whooping Cough ..	5	4	2	—	—	—	11
Influenza, Measles and Whooping Cough	—	—	1	—	—	—	1
Whooping Cough	3	4	1	1	1	1	11
Whooping Cough and Colds ..	1	—	1	—	—	—	2
Whooping Cough and Mumps	—	—	1	—	—	—	1
Whooping Cough and Rubella ..	—	1	—	—	—	—	1
Whooping Cough and Scarlet Fever	1	—	—	—	—	—	1
Diphtheria	1	—	—	—	—	—	1
Scarlet Fever	1	—	—	—	—	—	1
Total	113	76	20	6	2	1	218

The number of certificates granted shows a marked increase over the 136 certificates issued in 1932. It will be seen that influenza was the disease responsible for this increase ; no less than 125 out of the 218 certificates were rendered necessary by the prevalence of this disease, whilst in a further forty-five cases influenza was one of the illnesses necessitating the certificate.

9.—Open-air Education.

There is nothing new to report.

10.—Physical Training.

A specialist teacher has been appointed from one of the County Secondary Schools to act in an advisory capacity for part of her time.

11.—Provision of Meals.

There are now fifty-six school canteens in the county providing a

hot two-course meal at midday. Of these forty-six are at all-age schools, nine are at central schools and one is at the Tonbridge Special School.

The following table shows how the scheme has grown in recent years :

Year ended	*No. of Canteens*	*Meals served*	*No. of free meals*
31.3.24	24	227,566	79,073
31.3.25	26	205,506	58,277
31.3.26	35	268,173	35,238
31.3.27	39	363,359	29,631
31.3.28	41	436,410	20,748
31.3.29	43	435,305	15,522
31.3.30	45	472,543	9,949
31.3.31	52	599,741	9,310
31.3.32	55	760,619	8,148
31.3.33	56	815,047	22,345

It will be observed from the figures for the last completed year that the number of meals served is still increasing, owing largely to the opening of canteens at large central schools, one of which is serving 450 meals per day.

It will be remembered that the second half of the year ended 31st March, 1933, was the beginning of a period of acute financial stress for the country as a whole. The school canteen service, however, was not only maintained without impairment, but during the year over 54,000 more meals were provided than in the preceding year, without involving the Committee in additional expenditure on grants to Canteen Committees. This certainly would not have been possible were it not for the fact that so much of the task of management is undertaken by voluntary workers, the majority of whom are teachers.

The increase in the number of free meals provided during the year 1932-33 also needs some comment. Of this number 7,639 were provided by the Whitstable canteen at the expense of the Local Relief Committee. A similar organisation at Herne Bay paid for a much smaller number of free meals provided by the Herne Bay canteen. The remainder were provided by Local Canteen Committees from their own funds, or by private subscription. A substantial number of free meals are paid for by and through teachers in respect of necessitous children attending their schools. No free meals have been provided out of public funds, whether Education or Public Assistance.

During 1932-33, eighteen canteens in connection with elementary schools and seven canteens in connection with central schools met all overhead charges, i.e., food and labour, fuel and renewals and repairs to equipment.

The following is an actual menu sheet for one week in the summer at a new central school in the county :

Monday	Brown stew, haricot beans, potatoes. Jam roly.
Tuesday	Liver and bacon roly poly, greens, gravy, potatoes. Rhubarb and sago pudding.
Wednesday	Rissoles, potatoes, greens and gravy (or green salad). Rice pudding.
Thursday	Meat pie, greens, gravy. Ground rice. Rhubarb.
Friday	Lentil hot pot, potatoes, gravy. Treacle tart.

The following is an actual menu sheet for one week in the winter at an all-age elementary school :

Monday	Hot pot, blue peas, gravy, Spotted Dick.
Tuesday	Baked meat turnover, potatoes, greens, gravy. Stewed apples—rice pudding.
Wednesday	Mince, potatoes, carrots. Jam tart.
Thursday	Liver and bacon roly poly, potatoes, greens, gravy. Apple and sago pudding.
Friday	Rissoles, potatoes, swedes, gravy. Syrup pudding.

12.—Co-operation of Parents, Teachers, School Enquiry Officers and Voluntary Bodies.

National Society for the Prevention of Cruelty to Children.

This Society has again carried out excellent work on behalf of the Committee, and the following table details the number of cases visited :

Branch	*No. of Children*	*No. of visits made*
Bromley	37	52
Canterbury	96	260
South East Kent	126	213
Gravesend	36	96
Hastings (Kent area)	10	26
Isle of Thanet	20	30
Maidstone	27	72
Rochester	18	58
West Kent	27	109
Woolwich	15	40

The number of cases under supervision varies very little. This year there was a slight decrease (452 as compared with 458 in 1932) but this is balanced by the increase in the number of border-line cases, some of which needed careful investigation and home visiting.

It is encouraging to note that in cases of special difficulty where psychological investigation and treatment have been recommended, the parents have, as a rule, appreciated the offer of a specialist's opinion and have been willing to co-operate with the Committee in this respect.

On the other hand, owing to the somewhat sensational methods adopted by the popular press in writing up the "Children and Young Persons Act 1933" there has been, among the more ignorant type of parent, a certain timidity to be overcome. This has not been difficult where the interests of the children are the first consideration.

Referring to certified cases needing residential treatment, it is frequently found that refusals come in the cases where home circumstances, apart from poverty, make the treatment advisable. In a small number of cases an offer of residential training would be accepted, but the children have been considered to be of too low a grade to justify the expense of the treatment. In such cases efforts are made by means of supervision to help the child as much as possible.

Summary of Cases

There have been 452 feeble-minded cases under supervision during the year :

Numbers as follows :

Remaining on list last year	372
New cases received..	61
Ascertainments referred for examination ..	19
	452

Seventy-nine names have been removed for the following reasons :

Residential Special School	11	
Schedule A. (One girl now in Waifs and Strays Home)	2	
Dull and backward only on examination ..	3	
Not traced	2	
Out of area. (One now Statutory Supervision) ..	4	
Dead	2	
	——	24
Transferred to County Mental Deficiency Committee :		
Under Statutory Supervision .. .. .. (Five of these were ascertainments. Three returned from Residential Special Schools —one at 16 years—one now out of area)	14	
In Certified Institutions (one ascertainment) ..	3	
Farm Colony (Princess Christian)	1	
,, ,, (Brighton Guardianship, difficult conduct)	1	
Public Assistance Committee Institution ..	1	
Kent Guardianship Scheme	1	
	——	21
C/o Public Assistance Committee .. .. (One had been discharged from Training Home)	9	
Reached age of nineteen years	25	
	——	34
		79

Leaving 373 cases under supervision.
(Exclusive of uncertified and border-line cases.)

Residential Special School.

In addition to the children who have gone to residential schools, eight are known to have been accepted and are awaiting vacancies. The Public Assistance Committee has kindly admitted one of these to the Cottage Homes until the vacancy becomes available. This was an urgent case on account of environmental difficulties. One child is being transferred from a waifs and strays home to a residential special school.

Other children were considered suitable for the Mary Dendy Home, Sandlebridge, but as this school will not allow pupils to go home for holidays only two vacancies were accepted. Cases of double defect,

especially orthopædic and epileptic cases, continue to be a difficulty. One child of a low mental grade was discharged from a school for partially blind defectives this year and is now under Statutory Supervision. One boy has been admitted to the Ellen Terry Home for the Blind and another, who is now under supervision in his own home, was discharged from the Ellen Terry Home.

One boy (under 14 years) was discharged from Kingsmead School and is now under Statutory Supervision. The Association will endeavour to see that the suggestions of the specialist consulted will be carried out.

The Association is glad to report that in two cases funds were raised to enable parents to visit a child in a residential special school. In one instance an application for the removal of the child was withdrawn after the visit. In both cases home circumstances are very unsatisfactory.

Decertified and Border-line Cases.

Among cases of special difficulty was that of a girl of 14½ years who was decertified this year. Owing to appalling home conditions and grave risk of moral danger the Association was asked to make an application to the Waifs and Strays Society. The girl was accepted on trial and has written to say she is happy and is learning laundry work. The Association is indebted to the Public Assistance Committee and the Vicar of the parish for financial assistance with the outfit of clothing, and it is understood that the Public Assistance Committee will assist with maintenance.

One girl (now 19 years) attends an occupation centre once a week for instruction in needlework, and she now helps with the younger pupils. Occupation centre training is frequently a useful method of dealing with school leavers, but such facilities are not always available.

Supervision.

Exclusive of cases 16-19 now under friendly supervision, 550 visits have been paid to the Committee's cases by the staff of the Association in addition to school enquiries and interviews. Voluntary visitors are in touch with many of the cases.

The work of supervision entails a varied type of action and co-operation with other social agencies and voluntary helpers. In some cases efforts are made to find employment or training. One girl (15 years) placed in domestic service is working well. Clothing has been provided in other cases and hospital treatment arranged for several cases of varying types.

In regard to employment of feeble-minded cases, it is found that conditions are as variable and subject to the same fluctuations as they are with the normal population. In some districts unskilled and semi-skilled factory and agricultural work is available and boys and girls find employment fairly easily.

This does not apply to the case bordering on imbecility where it is seldom possible to obtain suitable employment. It is of interest to note that one lad placed in work by the Public Assistance Committee has now returned to the Cottage Homes. The question of training for girls 14-16 years is sometimes a difficulty, as it is found that they do not succeed in homes for normal girls. The unstable type of either sex presents a problem, as he (or she) seldom stays for long in any situation.

Reports.

Reports have been rendered in all cases and special reports in letter form where necessary.

The Association obtains reports on home conditions in connection with residential special school holidays. Special charts referring to family histories have been rendered in Besford Court cases and after-care reports for residential school leavers. Home supervision reports are rendered in cases where children attend private schools and in border-line cases where it is considered desirable.

Co-operation.

In addition to the Case Committee and voluntary helpers, the Association is indebted to teachers, juvenile employment officers and many social workers from other Societies who have so kindly assisted when required, also to the staffs at hospitals and psychological clinics for valuable advice and assistance.

Tonbridge Boarding-out Committee

The Local Case Committee of the Association carries out the work of the Boarding-Out Committee in connection with the Day Special School.

This year the Committee have had eleven children under their care, one little girl having been placed since the last report.

Two boys have left. One of these, a lad 16 years, is now in Princess Christian Farm Colony, and the other boy, 13 years (mentioned in last year's report as being of difficult conduct), has been placed under the Kent Guardianship Scheme and is attending Bexley Heath Occupation Centre. Further details are given in After-care Report.

There are now nine children under supervision and several of these need special care. All are making progress, though one lad is of a rather low mental grade and may need institution or colony training at the age of 16 years, on account of difficult conduct and home circumstances.

Some of the children have greatly improved since they went to Tonbridge, and the visitors were gratified to see how excellently these pupils took their part in the school concert and exhibition of work held at the end of the Christmas term.

The Committee much appreciates the interest taken by teachers and foster-parents in the boarded-out children.

Tonbridge Special School. After-Care Report

Summary of Cases

The Local Case Committee of the Association undertakes the work of after care in connection with the Day Special School.

A brief report on each of the thirty-five cases and a table showing the employment and occupations are attached:

	Girls	*Boys*
Domestic service	3	
Pottery Works		1
Factory	1	1
Motor Engineering Showroom (generally useful)		1
Selling wood		1
Travelling Fair (Schedule A)	1	
Helping at home	1	1
Elementary School	2	1
Residential Special School	2	2
Home Teaching (K.V.A.M.W.)	1	
At home (attending occupation centre		2
,, ,, (having private teaching)	1	
,, ,,	3	1
Guardianship (K.V.A.M.W.)		2
Farm Colony (for training)		1
Royal School for Deaf and Dumb		1
Institution	1	4
	16	19

Certificate of Mental Deficiency Withdrawn.

L.B., 23.3.16. *Tonbridge.*—Is still doing daily domestic work for same employer. Said to have improved. According to the mother she

helps at home in the afternoons. The home circumstances are poor, as the mother lost her pension when she married a young unemployed man and she is now said to be expecting a child. The mother's word regarding recreation cannot be relied upon. Does not belong to Guides or similar organisation. C.A. Sister will be asked to get into touch.

E.L., 6.8.18. *Tonbridge.*—Has been employed in local pottery works for some months. Does not look well. Sometimes stays away from work for health reasons. Some Tuberculosis in the family.

E.L., 12.10.19. *Tonbridge.*—Attending council school. Is due to leave at Christmas, when he hopes to find work. Likes woodwork and gardening. Looks strong and healthy.

J.S., 8.10.17. *Tonbridge.*—Is now working with travelling fair which is now wintering at Downham. Was seen recently when at home for a holiday and she seemed to have improved a little, but the case is unsatisfactory and the mother has no control over the girl.

D.S., 11.8.22. *Tonbridge.*—Attending elementary school and said to be making progress. Home circumstances not very good.

Left to Attend Elementary School.

H.F., Tonbridge.—Local visitor understands she is making progress. Home circumstances fair. Sister under Statutory Supervision.

Notified to Mental Deficiency Committee.

P.F., 18.8.16. *High Brooms.*—Living at home. Working on a small-holding with his father. Work and conduct reported to be satisfactory. Under Statutory Supervision.

A.G., 1.1.22. *Tunbridge Wells.*—Excluded from Day Special School, March 1933. Admitted to Occupation Centre in May. Under Statutory Supervision.

V.G., 26.12.23. *Tunbridge Wells.*—Living at home. Receiving no training beyond what her mother can give her. Parents will not agree for the child to attend the Tunbridge Wells Occupation Centre. Under Statutory Supervision.

T.S., 4.2.20. *Tunbridge Wells.*—Excluded from Day Special School on certification. Admitted to Besford Court Institution, July 1933.

E.W., 25.5.15. *Tunbridge Wells.*—Conditions not very satisfactory; girl reported to be living with her sister at Fordcombe, but has been seen about the streets in Tunbridge Wells. Home supervision inadequate. Under Statutory Supervision.

Excluded.

G.H., 9.9.20. *Tunbridge Wells.*—Name removed from Day Special School Register, August 1933, owing to unsatisfactory conduct. Had been placed in Tunbridge Wells under Brighton Guardianship Society. Ran away from his Guardian on several occasions. Was charged before the magistrates at Brighton and placed in an institution.

F.K., 3.7.14. *Tonbridge* (Final).—Is living at home and helps a little with the housework. Conduct said to have improved. Has never made any real attempt to find employment. Conditions not altogether satisfactory, as family relationships are not harmonious. Under Statutory Supervision.

Left Special School as Unsuitable.

J.B., 27.3.24. *Tunbridge Wells.*—Living at home. Parents have made a private arrangement for her to be taught daily at home. Is making some slight progress. Under supervision for Tunbridge Wells Education Committee.

Residential Special School.

F.P., 27.9.23.—Admitted to Besford Court, March 1933.

V.R., 17.6.22.—At Kingsmead Residential Special School. Owing to unsatisfactory conditions which prevented the child coming home for a holiday, funds were provided by a voluntary helper to enable the mother to visit her.

Left Residential Special School at 16 *Years.*

F.S., 26.10.16. *Tonbridge.*—Left Residential Special School at Christmas and helped at home for a time. Is now said to be working at Crystallite Factory. Home supervision and control inadequate. Under Statutory Supervision.

Left Day Special School at 16 *Years.*

L.C., 14.9.15. *Tunbridge Wells.*—In domestic service, Southborough, since February 1932. Conditions satisfactory. Under Statutory Supervision.

J.F., 11.1.16. *Tunbridge Wells.*—Living at home. Has instruction once a fortnight in all forms of handwork and needlework. Association assisted with railway fare to Peacehaven in order that she might have a fortnight's holiday during the summer. Under Friendly Supervision.

H.H., 24.8.15. *Tunbridge Wells.*—Living at home. Conditions unsatisfactory, overcrowded, muddled. Has very occasional employment. Wood-cutting machine provided by local visitor; this he has paid for in weekly instalments. Cuts wood and endeavours to sell this, but does not get a good trade. Under Statutory Supervision.

K.L., 20.2.17. *Tonbridge.*—Left Special School in March 1933. Worked on a farm during the summer, since when he has been employed at a factory (where his mother also works).

K.R., 27.11.15. *Rusthall.*—Employed in the kitchen at a café in Tunbridge Wells, since October, 1932. Work satisfactory. Appearance and conduct reported to have improved considerably. Under Friendly Supervision.

A.T., 11.5.15. *Southborough.*—At home, unemployed. Conditions not very satisfactory. Home supervision doubtful. Under Statutory Supervision.

A.T., 23.2.15. *Rusthall.*—Living at home. For the past year has been employed by Motor Engineers at Tunbridge Wells. Works with his father in the show room. Work and conduct reported to be satisfactory. Under Friendly Supervision.

Boarded-Out Children.

A.B., –.6.16.—Under Kent Guardianship Scheme. Now living at Stone, near Dartford. His Guardian and the Supervisor of the Occupation Centre both give good reports in regard to his conduct. He is very happy in his present home and his parents are content with the arrangement.

R.B., 9.2.18.—At Monyhull Special School. Due to leave at Easter and is to return to her home.

S.B., 23.6.19.—Is at Besford Court Residential School. Schooling has been interrupted by need for treatment for severe ear trouble.

C.B., 17.5.15.—In Tenterden Certified Institution.

H.C., 21.4.20.—Admitted to Royal School for Deaf and Dumb, Margate, April 1932.

J.C., 28.11.22.—Sidcup. At home. Under Statutory Supervision. Owing to difficulty of transport unable to attend either Bexley Heath or Bromley Occupation Centre. May go to a small private school. Has improved physically and is well cared for at home.

A.G., 4.3.20.—Became unsuitable for Guardianship and was transferred to Institution 21.4.33.

A.J., 9.10.20.—Excluded from Tonbridge Special School, Schedule E. Placed under Guardianship 17.2.33. Happy in his present home. Guardian and Supervisor of Occupation Centre, Bexley Heath, give satisfactory reports with regard to the boy's conduct. He needs careful supervision. Improved since he has been farther away from his relatives.

F.M., 23.6.19 (Final).—At Earlswood Institution.

L.R., 30.11.19. *Crayford* (Final).—Living at home and attending Bexley Heath Occupation Centre. Home conditions are poor, but the boy has improved slightly.

J.W., 6.7.17.—Has been placed in Princess Christian Farm Colony, Hildenborough, where he appears to be happy and doing well. His local visitor and foster-mother continue to take an interest in him.

Care and Supervision of Delicate School Children

Report by the Community Council of Kent for the period 1st January to 31st December, 1933.

The growth of the service is indicated by the following figures :

	No. of families from which one or more children have been referred.	
December 1930	47	
December 1931	259	
December 1932	422	
December 1933	611	(representing 677 children)

During the year, 199 children belonging to 189 families, were referred as compared with 193 children belonging to 163 families during 1932. The following help was requested for the new cases :

Supervision	96
Parents' consent to Special School ..	8
Milk	79
Cod liver oil	12
Cod liver oil and milk	3
Special case (Bathchair)	1
	199

In two of the eight cases referred for parents' consent, this was obtained ; in three cases the parents refused and two are still under investigation. For the remaining 191 cases the needed help was provided except for five cases in the Swanscombe district, which are now being dealt with.

Nourishment was also supplied during the year to 39 cases previously referred. There are at present 45 children receiving milk or other nourishment under the scheme.

Clothing has been provided to fifteen families reported by the supervising visitor as specially necessitous.

The periodical supervision of the 677 cases on the Council's books continues to be carried out by the volunteer visitors. Monthly summarised reports are rendered to the Education Committee.

School Leavers. An increasing number of the total children referred under the scheme are necessarily coming under the category of those who have left school. In respect of these, supervisory visits are continued until age sixteen and longer if necessary. Special attention is being paid to thirty-three children who have left school; thirty of these are in employment which, in several instances, has been found through the help of the supervising visitor. In future reports it is hoped to submit more detailed figures about school leavers.

Provision of Ancillary Nourishment. A special effort has this year been made to discover and utilise local sources of supply for ancillary nourishment. As a result, there is a steady increase in the percentage of cases where the nourishment is provided without cost to the central fund. The instructional conferences of Health Helpers, which continue to be arranged from time to time, have been useful in this connection.

Organisation. The number of voluntary helpers is well maintained and there is little difficulty in replacing the few who are obliged to resign. It is noticeable that, as the work progresses, the visitors are more readily welcomed into the homes and are better able to grasp the constructive possibilities of the cases with which they deal.

The Council has received very great help from school nurses and school teachers; more especially in dealing with urgent cases where a regular volunteer visitor is not yet appointed.

With the exceptions noted below, adequate volunteer help is being obtained throughout the County and there is rarely difficulty in finding help in districts from which cases are referred for the first time. The Swanscombe, Greenhithe, Bexleyheath and Crayford districts have proved troublesome. Although these are among the districts from which most cases come, there has been difficulty in finding (or replacing)

visitors who are able to give adequate time to the work. Two meetings of representative residents will shortly be held, one at Swanscombe and one in Bexley, and as a result it is hoped that the needed support will be forthcoming and that, perhaps, these districts will be used for an experiment in decentralisation.

The Case Sub-committee under the Chairmanship of Dr. A. S. Ransome continues to meet weekly at Folkestone to approve proposed expenditure on case help; its decisions are reported to the Community Council's Health Committee.

West End Hospital for Nervous Diseases

One child was admitted to this Hospital for treatment.

Tavistock Square Psychological Clinic in London

Two children attended at this clinic for examination.

13.—Blind, Deaf, Defective and Epileptic Children.

There have been no further developments in the provisions made for the education of these cases in residential institutions.

A classified return of all cases in the area is given in table 10 on pages 59, 60, and 61.

Report on Special School, Tonbridge 1933

The number on roll, December 1933, is thirty-six—twenty-six boys, ten girls.

	Boys	*Girls*	
Admitted during year	3	1	= 4
Left during year	7	1	= 8

Six of the children come from Tunbridge Wells, six from Southborough, fifteen from Tonbridge and nine are "boarded out" in Tonbridge.

The health of those attending during the year has been very good until the last few weeks when one or two have been away with impetigo and another in hospital with burns. One of the older girls was operated on for ovarian cyst early in the year.

A review of the work attainments (manual, and mental) together with the individual I.Q.'s is given below.

These remarks apply to the routine examination conducted from June-August 1933—twenty-six boys, nine girls.

Taking the girls first :

5 with I.Q.'s of 70 or more: 2 aged 14, 2 aged 12, and 1 aged 10 years.
2 ,, ,, ,, 60 ,, ,, both aged 14 years.
1 ,, ,, ,, 50 ,, ,, aged 9.
1 ,, ,, ,, 45 ,, ,, aged 14.

In intellectual or scholastic attainments :

READING : 3 of the girls are up to about Standard III—2 of these are 14 and one 12 years old.
3 are about Standard II. Ages 14, 14, and 12.
1 is using an infant reader, age 10.
1 is attempting an infant primer, age 14.
1 can do nothing. Does not know letters, age 9.

WRITING : 5 are doing easy composition and dictation with fair success. 3 of these are 14, 2 are 12 years old.
1 girl aged 14 does composition and dictation of a lower grade.
1 girl aged 10 can write her name, copy, and do a few 3 letter words from dictation.
1 girl aged 14 can only write her name and copy.
1 girl aged 9 does nothing.

MANUAL WORK : 3 girls "good" or about average for age.
3 girls "fair," below average for age.
2 girls "poor," much below average for age.
1 girl "hopeless."

The last mentioned girl was only admitted "on trial" and is to be discharged shortly. This child has an I.Q. of 50 and is nine years old; she compares very unfavourably with a girl aged fourteen whose I.Q. is only 45, but who is a very useful handworker and will probably earn her own living in domestic service.

This is one of the anomalies of the intelligence test business—a child of thirteen or fourteen with an I.Q. of 50 is often the equal, if not better than a child of five or six with an I.Q. of 70 or more.

Turning to the boys :

2 with I.Q.'s of 80 or more: 1 aged 10, 1 aged 11.
5 ,, ,, ,, 70 ,, ,, 2 of 13, 1 of 12, 1 of 11, 1 of 10.
11 ,, ,, ,, 60 ,, ,, 1 of 14, 3 of 13, 6 of 12, 1 of 11.
6 ,, ,, ,, 50 ,, ,, 1 of 14, 2 of 13, 1 of 11, 1 of 9, 1 of 8.
2 ,, ,, ,, 40 ,, ,, 1 of 15, 1 of 11.

Scholastic attainments :

READING : Standard III or better, 1 boy aged 13 (curiously enough a Mongol).
Standard II or better, 2 : 1 of 14, 1 of 13.
Standard I poor, 4 : 2 of 13, 1 of 12, 1 of 11.
Infant reader, 5 : 1 of 13, 2 of 12, 2 of 11.
Infant primer, 9 : 1 of 15, 1 of 14, 2 of 13, 4 of 12, 1 of 10 years.
Letters or few small words, 3 : 1 of 12, 1 of 11, 1 of 9.
Letters not known, 2 : 1 of 10, 1 of 8.

WRITING : 2 boys attempt composition with some success, both 13.
7 boys attempt composition or dictation of an easy type: Ages 1 of 14, 2 of 13, 1 of 12, 1 of 11.
9 boys can copy and write some 2 and 3-letter words from dictation: 1 of 15, 3 of 13, 4 of 12, 1 of 10.
7 write name and copy with more or less success: 1 of 14, 3 of 12, 1 of 11, 1 of 10, 1 of 9.
1 just manages to copy letters, aged 8.

MANUAL WORK : 10 are stated to be "good" or nearly normal for age: 1 of 15, 4 of 13, 2 of 12, 1 of 11, 1 of 10.
5 are stated to be "fair" or below average for age: 2 of 14, 1 of 13, 2 of 12.
8 are stated to be "poor" or much below average: Ages 1 of 13, 3 of 12, 3 of 11, 1 of 10.
3 are stated to be more or less useless: Ages 13, 9 and 8.

Of the thirty-five children reported on there are not more than three boys and four girls who are at present likely to be able to return to an elementary school.

This being so it seems imperative that if the school is to be a success from an after life point of view more time should be given to the more useful forms of handwork such as woodwork and gardening for the boys and cooking and laundry for the girls.

Now, I understand, that the teaching of these subjects is confined to once a week each.

For the older boys and girls this appears to me to be a quite inadequate arrangement, especially as more than half the children in attendance are "good" or "fair" at handwork.

As regards the type of child who may benefit by attending such a school, I would repeat that it is the border-line type and not the indisputable ament who should be admitted. Children aged ten or under

with an I.Q. of less than 70, should, as a general rule, be regarded with suspicion, and the same applies to children of over ten with an I.Q. of 60 or less.

At present it is not always easy to be truthful in allaying the fears of the parents of prospective candidates for admission when assuring them that the school has been erroneously and unkindly christened the "silly" school by certain individuals.

14.—Full Time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children.

The Committee, in specially approved instances, accept responsibility, in whole or in part, for the continued instruction and maintenance, at suitable Institutions, of blind, deaf or defective persons who have reached the age of sixteen years and whose parents are bona fide residents in the administrative County of Kent.

The Committee, upon the recommendation of the Kent County Association for the Blind or other recognised associations, grant assistance to blind persons for the purpose of training and education, and provide training in suitable cases, for necessitous blind persons over the age of sixteen, whether or not they have been in previous attendance at a certified school.

During the school year 1932-33 scholarships have been granted to ten blind persons and seven persons' scholarships have been cancelled.

During the year, the Committee have extended the training of three deaf and dumb persons and have accepted responsibility for four epileptic persons at Chalfont and Lingfield who are taking continuation courses recognised by the Board of Education.

Extensions of training have also been granted to two cripples in attendance at the Heritage Craft Schools.

15.—Nursery Schools.

There are no Nursery Schools in the area.

16.—Secondary Schools and Other Institutions of Higher Education.

There is nothing to add to my report for 1931.

Medical Inspection has been arranged in respect of the following schools :

Schools	*No. of Schools*	*No. on Roll (Autumn Term* 1933. *Full Time Pupils).*
Maintained	22	7,947
Aided	19	6,087
Junior Technical.....	6	1,351
Day Commercial and Technical Classes (Dartford, Erith, Gillingham, Tunbridge Wells)	4	392
Junior Art Departments (Beckenham, Gravesend, Rochester)....	3	186

In addition, the Committee have arrangements whereby medical inspections are carried out at private schools.

17.—Parents' Payments.

(*a*) Parents are required to contribute towards the cost of medical treatment in accordance with the following scale :

Free Cases. Where the income of the family does not exceed £2 per week, or where exceeding this amount, after deducting house rent and all rates, does not exceed an equivalent of 12s. per week for each adult, plus 10s. per week for each child.

Contributory Cases. When the weekly income is in excess of the above scale for free cases to the extent of not more than

2/6	the	contributions	towards	the	cost	shall	be	5/-
5/-	,,	,,	,,	,,	,,	,,	,,	10/-
7/6	,,	,,	,,	,,	,,	,,	,,	15/-
10/-	,,	,,	,,	,,	,,	,,	,,	20/-
12/6	,,	,,	,,	,,	,,	,,	,,	25/-
15/-	,,	,,	,,	,,	,,	,,	,,	30/-

With regard to dental cases, the charge is one shilling per attendance, but this may be remitted in necessitous cases. A charge of five shillings is made if a child receives treatment under a general anæsthetic.

A charge of one shilling per attendance is also made for children attending at the orthopædic clinics.

(*b*) The scale of payment set out above ordinarily applies to pupils attending schools for Higher Education, but the local Committees have power to take into consideration the income limits laid down by the Committee for maintenance allowances and any special circumstances. A charge is also made for examination by the School Oculist.

18.—Health Education.

The Dental exhibit of the Dental Board of the United Kingdom, and a lecturer, have for several years been engaged for one week in each year to visit various schools in the County. Pamphlets and other literature issued by the Dental Board and by the Health and Cleanliness Council have also been distributed to schools, and a few lectures on health subjects have been given to parents' associations by suitable lecturers.

19.—Special Enquiries.

Special enquiries have again been conducted by the whole-time medical staff during the year, and the following reports have been received :

The Children of Feeble-minded Mothers

By Dr. J. W. Fox
(Deputy School Medical Officer)

In the School Medical Report for 1927, there appeared the results of an enquiry into the "after-careers" of the feeble-minded. This report included some figures with regard to birth-rates, but no information was available respecting the characteristics of the children born.

An attempt has now been made to ascertain how these children—and any born subsequent to 1927—compare with those of the normal population, so far as their mental condition is concerned.

The Kent Voluntary Association for Mental Welfare was approached and asked to furnish a list of all feeble-minded fathers or mothers of whom they had knowledge, with any details that might be available, such as the number of children now of school age, and the names of the schools attended.

Finally, in all those instances where the parents' consent was obtained, the school doctor of the area visited the home or the school and reported as well as circumstances allowed.

The following is a summary of the results obtained :

Families interviewed	*of male defectives* 0. *of female defectives* 14.
No. of children examined	*boys* 16 (8 *of school age*) *girls* 15 (9 *of school age*).

They are classified thus :—

16 *boys* 5 *illegitimate*	3 *feeble-minded* (*one "probable" only*). 6 *dull* 7 *normal.*
15 *girls* 4 *illegitimate*	1 *feeble-minded* (*"probable" only*). 5 *dull* 9 *normal*

No imbeciles were discovered.

These results cannot be said to be more than approximately true, in view of the fact that nearly half of these children are under five years of age. The defectives are aged 11, 5, 5 and 3. Doubt concerning the diagnosis is expressed with regard to the two younger, and it is really only certain in the case of the oldest, a boy in attendance at a special school. Thus there may be anything from 3 to 13% mental defectives among these children. According to the Wood report, about 4% of defectives may be expected in a rural school population between the ages of 7 and 14. The findings in Kent, however, are far below this 4%, so that, if the figures show anything, it is that there is an increased proportion of feeble-minded among the children of parents themselves feeble-minded.

Eleven, or approximately one-third, of the children are classified as "dull." When it has been possible to record an "Intelligence Quotient," this has varied between 75 and 83. It is likely enough that some of these may prove to be feeble-minded. It is difficult to say how the figures compare with what might be expected in the County area generally, for at some schools perhaps 40% of the children could be described as "dull," whereas in others very few dull children are to be found—at least in the opinion of the teaching staff. I am of opinion that the fact that 30% of these children are described as "dull" indicates quite an excessive proportion.

Nine out of the thirty-one children examined are illegitimate, an enormous proportion. Of this number, two are described as normal, three as feeble-minded, and four as dull.

The number of children concerned in this enquiry is so small that no positive general conclusion can be deduced from the facts ascertained. An *a priori* consideration of the feeble-minded might lead to the expectation that it would be the females who would give rise to the greatest social problem, and that illegitimacy would contribute largely to it. Such an expectation is supported by the information obtained, with special emphasis on the importance of illegitimacy. It will have been noted that three out of the four probable feeble-minded children

recorded are illegitimate. Only two married feeble-minded males were traced, but no information could be obtained about their families.

It is difficult to suggest any reason for the preponderance of sub-normal children among the illegitimate offspring of feeble-minded mothers. These mothers show varying degrees and types of deficiency, and their old school records furnish no clue. It is possible that the explanation is to be found in the paternal contribution.

There is a large mass of evidence to prove that inborn characters, physical, emotional and intellectual, are transmitted solely by the germ plasm. The germ plasm consists of single cells, each containing a nucleus made up of chromosomes. Each chromosome conveys a character or group of characters, that is, potentially. In sexual reproduction, corresponding chromosomes unite in pairs. If they contain identical genes or characters, then these characters will develop in the offspring, in the ordinary circumstances of environment, before and after birth. If the genes are not identical, but are positive and negative so to speak, then the result will depend on whether the character in question is dominant or recessive (in Mendelian terminology). In the former case, the character will become manifest ; in the latter, it will not, but will continue to exist in a latent form, ready to show itself in the next generation, should a favourable genetic opportunity arise. Thus persons may be normal and yet be carriers of "mental deficiency," and for this reason sterilization or segregation of defectives cannot eradicate the condition. It may be of interest to add that dominance of a character is not necessarily complete, *vide* experiments with the colour of the flower "four o'clock," where the F generation shows intermediate forms. It seems probable that many "dull" children are intermediate forms, genetically as well as in their apparent mental disability.

To summarize : One-half of the total number of children examined were normal. Of the sub-normal half, one-quarter were deemed to be feeble-minded. In addition, nearly one-third of the children born of feeble-minded mothers were illegitimate, and of these, again one-third were diagnosed as defectives.

Stated in this way, the problem of the multiplication of mental defectives seems sufficiently grave. Stated in another way, a more optimistic outlook can be justified, for, after all, the fourteen defective mothers have altogether only fifteen sub-normal children, of whom only four are themselves mentally defective. If reliance were placed on these mothers, the numbers of defectives would not be kept up.

Nevertheless, the sterilization or segregation of these women would have resulted in a material gain to the community, and so far as any general conclusion can be indicated from small numbers, a continuance of such a policy would tend to raise, or at least maintain, the general intellectual level of the population.

The humanitarianism which has replaced the process of elimination by violence and economic forces in past ages should logically be balanced by deliberate selection in the present.

Wasting Conditions

Some remarks on the physical state of certain children seen at the School Clinics and during routine inspections at the schools.

By Dr. J. Selfe

Call them what you may, debility, malnutrition, under weight children ; this type of case is exceedingly common and is recognised by every practitioner. They are common in all classes and are brought for indefinite symptoms of ill-health, for which it is often difficult to ascribe a cause and which cannot be l belled as a definite disease. There are symptoms and signs of a nature which indicate functional as often as structural disturbance of the organs of the body. These manifestations are at first evident more particularly in the digestive and nervous systems, and their importance lies in the fact that, as a group, they represent the early phases from which defined diseases develop.

When such a child is presented it is necessary to consider the following possibilities in diagnosis:

1. Normal thin child.
2. Indigestion.
3. Throat infection.
4. Rheumatism.
5. Tuberculosis.
6. Chronic (non tubercular) chest conditions.
7. Diabetes and Bacillus Coli pyelitis.

1. *Normal thin child.* Type 1 is quite common. On going into the case no definite symptoms or signs of disease are apparent. Fortunately the parent is often present and observation of the latter helps in the diagnosis.

Excluding diabetes, the remaining possibilities show a great similarity in the frequency of certain main symptoms; especially loss of appetite, pallor, pains in the limbs, headaches, chronic constipation, abdominal pains and nervousness. There are factors at work in the production of these states which are common to most diseases. These factors are heredity, errors in diet (carbohydrate over-feeding and

absence of vitamins), absence of sunlight, exposure to cold and damp, lack of exercise and fresh air, poor ventilation of the lungs and finally infection. The difficulties of differential diagnosis may be very great, for though the form of disease may be clear in some cases, in others there may be a combination of signs and symptoms that is confusing. For instance, tonsil and adenoid infection, indigestion and rheumatism may be present alone, in groups of two, or all together.

2. *Indigestion* (Carbohydrate Excess). Wasting or failure to gain weight is the chief of the general symptoms of this condition. The localising symptoms are distaste for food; or on the other hand an abnormal appetite ; usually constipation with mucus-containing stools, and pain in the abdomen due to excessive flatus. The tongue is furred or brownish in colour as though painted over with gum. Thread worms may be present. Certain general nervous symptoms may also be present such as attacks of giddiness or pallor, "being easily tired," disturbed sleep and excessive sweating. The child often has a poor stance and may be the subject of functional albuminuria. A considerable number of such cases were presented at the School Clinics in my area during the last two years with localising symptoms as above.

3. *Throat Infection.* The subject of enlarged tonsils and adenoids is now very much to the fore and the following extract is taken from Dr. Ash's report (School Medical Officer for Derbyshire) giving indications for operative treatment.

(1) Mouth breathing or interference with speech.

(2) Constant colds in the head.

(3) Sore throat and otitis.

Dr. Ash states that there is little improvement in nutrition, generally speaking, amongst those treated. With regard to the latter statement, however, I have personally noted great improvement to result from operative treatment, though it may be only temporary in some cases. It is much more important to remove adenoids than tonsils, when indicated, and especially operation should not be delayed in ear cases. Very often the subjects of carbohydrate dyspepsia require operation for tonsils and adenoids.

Fat Dyspepsia. Chronic fat dyspepsia also accounts for a large number of cases of so-called "thin" children variously described as cases of "nervous exhaustion" "nervous dyspepsia" "debility" "'pre-tuberculosis" and "pre-rheumatism." There is a tendency for the tongue to be continually coated and for bouts of bad breath to occur. The stools are constipated and pale. There may be acute vomiting at times. They are usually frail and active children and of poor stance. The temperature is raised and headaches are also fairly common. Many of such cases have

been examined at the school clinic and most of them showed intolerance of fatty foods and suffered from vomiting attacks.

4. *Rheumatism.* The early manifestations of defective health due to rheumatism differ very little, if at all, from those of dyspepsia, viz., loss of appetite, constipation, bilious attacks, nervousness, headache, and "being always tired." It is probable that many dyspeptic subjects are potential early rheumatic cases. The symptoms that are of special importance in the histories in rheumatic cases are :

1. Bilious attacks.
2. Loss of appetite.
3. Pains in limbs.
4. Sore throats.
5. Nervousness, headaches.

In the early stages the child is often of very good colour and complexion ; later, he has a pale tired appearance. There is evidence of poor circulation, and in the early phases a moist, clammy skin ; in the later phases, a dry, inactive one. Fidgetiveness and habit spasms are common. The following are some of the leading symptoms noted in cases attending the school clinics, excluding frank cases of rheumatic carditis and chorea:

1. Debility and poor nutrition.
2. No appetite and little gain in weight.
3. General nervousness.
4. Always tired.
5. Headaches.
6. Various aches and pains.
7. Anaemia.
8. Habit spasms and night terrors.
9. Bilious attacks and chronic acidosis.

Perhaps the importance of infection has been grossly exaggerated, and any influence that it may exert is slight and indirect. Probably endocrine instability is of much greater influence in the production of symptoms. It is possible to note over action of the thyroid in the early stages of rheumatism, plus some over action of the infra renal glands ; thus we note the keen intelligent child who is noted for his activity both mental and physical. This state is followed by lethargy and fatigue due to exhaustion of the endocrine glands. There is also the occasional co-existence of Graves' disease and frank rheumatism and also of habit spasm. Wilde's observations on rheumatism are probably still sound.

5. *Tuberculosis.* The symptoms that would cause one to suspect this disease are :

1. Wasting and failure to gain weight over a period.
2. Cough.
3. Loss of appetite.
4. Daily rise in temperature.

The number of children suffering from active infection is small. Tuberculous bronchial glands (hilum tuberculosis) should be looked for. The physical signs are often indefinite and a period of observation together with an X-ray examination may be necessary. Few will deny, however, that clinical signs and tests for early tuberculosis of this type are highly unsatisfactory, and in many cases no definite answer can be given. The weight chart provides important evidence. Steady loss of weight would suggest tubercle.

6. *Chronic Chest Conditions or Damaged lungs.* Occasionally cases are presented with physical signs mainly confined to the bases of the lungs and with an antecedent history of bronchitis or pneumonia ; following measles or whooping cough. Such cases are not always underweight and may actually present an appearance of apparent health. Other cases are debilitated and under-weight and may possibly be sent to tuberculosis dispensaries as cases of suspected tuberculosis. A careful examination and history taking should, however, obviate this mistake. During recent years I have noted eight such cases. Notes on six cases are as follows.

Case 1. Chronic physical signs left base with history of pneumonia. Signs unaltered over a prolonged period. Steady gain of weight. Child given cod liver oil and malt and recommended deep breathing exercises.

Case 2. Chronic physical signs both bases with history of pneumonia. Child given iodised cod liver oil and recommended deep breathing exercises. Lungs at present clear and has gained four and five pounds in seven months.

Case 3. Physical signs left base. History of pneumonia. Recommended to attend the tuberculosis dispensary on account of "T.B. diathesis." Not tubercular. Case still outstanding.

Case 4. Physical signs both bases. History of pneumonia. Advise open air school. Case still outstanding.

Case 5. Fibrosis of lungs following pneumonia. Under medical care and having light treatment. Case still under observation.

Case 6. Signs both bases following pneumonia. Given iodised cod liver oil and extra milk plus deep breathing exercises. Some signs left base. Gain of ten pounds in ten months.

7. *Diabetes and Bacillus Coli pyelitis.* These two conditions may also have to be taken into account as causes of wasting and debility. They are comparatively rare and an examination of the urine will show their presence.

Flat Foot

In my report for 1932 I referred to the incidence of flat foot, and during the year under review, the medical inspectors have carried out an enquiry into the system of the wearing of plimsolls during school hours at the schools for Higher Education.

The following are extracts from the reports received :

Dr. C. Campbell

In this enquiry the boys in two grammar schools and one technical institute were examined. In the first school there are 472 boys and plimsolls are worn all day ; in the other two schools, where plimsolls are not worn, the numbers are 262 and 144 respectively. If all boys started their grammar school life with normal feet one could use the last two schools as controls. Unfortunately, this is not the case, so the enquiry cannot lay claim to scientific accuracy although a comparison was possible. The facts are not conveyed by the figures presented later, as there are some sources of error which call for remark.

Flat foot is the condition to which the wearing of plimsolls is said to contribute, so before proceeding further it might be well to state briefly what it means.

Flat foot is a departure from a presumed standard or ideal shape of the foot, in the direction of diminution of the antero-posterior or long arch. Weakness or imperfect function which may result are not necessarily proportionate to the amount of deformity.

The arches of the foot are not normally maintained by the ligaments and fasciae but by the muscles, of which the chief are the long and short flexors of the toes.

Two muscular processes are recognised : the one voluntary as in walking, running and dancing : the other, postural reflex activity (muscle tone), which maintains the shape of the foot when standing.

A pathological condition arises when the muscles become so fatigued that postural reflex activity is exhausted. Then the duty of preserving the shape of the foot devolves on the ligaments. Ligaments will not

tolerate this for long and soon react by tiring or painful stretching, producing a condition known as chronic foot strain. The signs of muscular fatigue will precede or accompany it. When the ligaments yield the onus of protection is on the footwear and even good leather soon gives way under the strain (Choyce and Beattie).

For clinical and therapeutic purposes, four degrees of flat foot are recognised, but as no case worse than first degree was found during this enquiry it will be unnecessary to submit a detailed classification.

First degree flat foot is defined as "When the arch reappears and deformity disappears if the patient takes the weight off the foot or rises on tiptoe." In cases of this degree you will generally find that when the boy stands the sole of the foot is flat, coming in contact with the ground for almost the whole of its extent. The weight of the body makes it spread out and instead of pointing straight forward the front half of the foot is turned outward and upward while the inner border may be actually convex. With this degree of deformity there are two types: (1) supple, where loss of function is negligible and (2) rigid, with considerable loss of function.

As one of the purposes of the school medical service is the prevention of deformities, this is a picture which one does not wish to see very often, and it is gratifying to note that the percentage of cases of this type is very small.

When found, it is my custom to refer them immediately to the orthopaedic clinic, where they are under the supervision of an expert till they are cured. In the same way, cases of chronic foot strain, although deformity may be slight, are also referred to the clinic.

Now, even a normal foot will become flat if it is wrongly used, but there are many children who, from various causes, have a strong predisposition to flat foot, and in them, one may observe the condition in process of development and assess the value of factors tending either to its further development or arrest.

These proved of most value for my purpose and by observing them over a period of one year and comparing the rate of progress towards first degree flat foot I was able to obtain information which cannot be deduced from the figures. I have classified them as slight flat foot.

With regard to the plimsolls, those most favoured were crepe soled with heels a quarter of an inch thicker than the soles. The boys do not have to stand still in them for any period longer than fifteen minutes.

The following are the figures obtained and the school where plimsolls are worn all day is shown first.

			Percentage	
No. of Boys	1st degree Flat Foot	Slight F.F.	1st degree	Slight
472	9	11	1.9%	2.33%
262	2	5	0.76%	1.9%
144	2	12	1.39%	8.3%

The figures, however, do not convey a correct impression, for, as I have already said, boys do not always start their grammar school life with normal feet. In No. 1 school four of the cases of first degree flat foot occurred in entrants and if these were omitted it would almost halve the percentage. In No. 3 school they are mostly town dwellers

There are other sources of error which it was not always possible to eliminate, for when the parent was not present at the examination the history was unreliable. Flat foot often results from being confined to bed with a debilitating illness, yet in none of the cases could I obtain a history pointing to this as a cause, and it is my opinion that many of this type must right themselves as normal muscle tone returns.

From the frequency with which one or other parent claimed to have flat foot, one became convinced that heredity and wrong example in standing and walking are considerable causes.

I have come to the following conclusions :

(1) The wearing of plimsolls is harmless to normal feet as long as the boys have not to stand still in them for long periods.

(2) If there is any predisposition, such as weak ankles, poor muscle tone, or bad posture in standing and walking, wearing plimsolls will accelerate the development of flat foot.

Many cases of flat foot occur during adolescence and the majority of them could be prevented if proper measures were taken during school life to correct faulty habits and develop weak muscles. Co-operation between the physical training instructor and the school medical officer is the first line of defence and already some excellent results have been obtained in predisposed children without referring them to clinics.

The wearing of plimsolls, by emphasising sooner any inherited or acquired defect, has something to be said for it.

Preventive treatment which involves neither trouble nor expense to the parent nor encroaches on the boys' spare time, can be instituted at once.

Slight cases of flat foot should have special exercises and be kept under observation. If the condition persists or becomes worse, they should be referred to the orthopaedic surgeon. Along with the more advanced cases they should have permission to wear the boots prescribed for them by the orthopaedic surgeon during school hours, as well as having special exercises until the associated muscles are developed and the arches reformed.

Dr. W. Lessey

Plimsolls are worn at only one of my secondary schools, i.e. Borden Grammar School.

Comparing the figures for this school with others, I cannot see any definite evidence one way or the other.

Dr. J. Selfe

In all, about 756 boys were examined ; and of these forty-three had postural flat feet, a percentage of 6%. The figures, although small, do not lend much support to the theory that the constant wearing of plimsolls is one of the causes of the condition known as flat feet.

Dr. G. Stableforth

This is a condition frequently seen in children and if not corrected during the early stages is likely to prove a serious handicap, especially in adult life. In mentioning the causes I will stress two marked factors and deal with them at greater length.

Age. No particular age after the age of eighteen months seems to be immune, but it is more often seen about the age of puberty.

Sex. Both sexes seem to suffer equally.

Debility. This plays a large part because of the general loss of body tone and therefore relaxation of the muscles and structures which keep up the longitudinal arch of the foot, particularly the "Spring ligament."

Growth. A rapid increase in the length and weight of the skeleton without a proportional increase in the strength of muscles and ligaments.

Injury. It is not uncommon for a flat foot to follow an injury to the ankles and feet. I have seen one or two cases after fracture of the

lower end of the fibula: that is why I consider the procedure of having the shoes "treated" after such accidents a wise one.

Insufficient Support from Footwear. Dr. Holloway dealt very thoroughly with the question of the suitable type of shoe for the school child in her article last year and I would endorse her sayings. Plimsolls and crepe sandals have been very much in vogue for children, particularly last year when there was an exceptionally fine summer, and the results of this fashion were deplorable. Flat feet was caused, ranging from the milder form of slight eversion of the foot to the grosser type where the inner border of foot was convex, lengthened, with the anterior half everted and abducted. The number of children with "a beginning flat foot" was of considerable interest, the parents themselves saying that they noticed the children starting to "walk over" in their shoes and asking the advisability of wearing rubber shoes. I have instructed many of the parents to look at the children's shoes, as it is easy to observe the convexity of the inner side of the shoe, even in young babies, and this will give a clue that all is not well before even looking at their feet. I am appending a table of the incidence of flat feet in some of the schools I visit and I would like to draw attention now to the fact, that in one school where plimsolls were worn all day the percentage was 25%, which was certainly greater than in any other school; it was the only school where children were asked to wear rubber shoes all day. I may add that this rule has now been altered by those in authority.

Incorrect Walking and Standing. So few children have any real knowledge of the correct method of walking or standing, namely, with the toes straight in front and no trace of eversion of the foot. So *many* of them walk and stand with the foot turned out and all the weight falling on the inner border of the foot, thereby putting an enormous strain on the arch of the foot. If it is remembered how, the more the arch sinks the more the front of the foot is displaced outwards, it will readily be seen how this faulty stance and walking predispose to the condition of flat foot. I am given to understand by several gymnastic mistresses with whom I come in contact, that walking as distinct from marching is not included in the curriculum for gymnastic instruction, and I think this is a pity—it seems to be a good opportunity lost. I am aware that the marching taught to-day is very much modified and approaches more nearly to walking, but I do not think this is sufficient, in fact, I am sure it is not. There is only one school in my area where it has been the custom of the gymnastic staff to include this "teaching of walking" in the gymnastic lessons and the results have been very pleasing. Also there is a rigid rule in this school, forbidding the wearing of plimsolls or sandals, except at stated periods. May I say that during the last month or two a few more schools have included special "walking exercises." I hope it will be more general.

In conclusion I will briefly mention the chief points in prevention of flat-feet.

1. General attention to health of the child and avoidance of strain during rapid growth and at puberty.

2. Correct footwear with abolition of plimsolls and crepe sandals for general use.

3. The training of children in the correct method of walking and standing.

4. To help the parents to realise the necessity for early *treatment* if a flat foot is beginning and not just to accept it as a family failing and therefore incurable.

Crippling Defects

The following tables give details of the work undertaken at the County Council Orthopædic Clinics :

	Children found to have flat feet	Nos. seen at time of Exam.	Percentage	Remarks
A.	20	162	12.0	Majority of these children had been wearing sandals; three-quarters were entrants.
B.	41	163	25.0	Plimsolls worn all day in this school. A rule of the school, which has now been abandoned.
C.	12	105	11.4	
D.	4	76	5.2	Mostly infants and a few juniors
E.	6	70	8.5	
F.	5	57	8.7	
G.	11	59	18.6	Three-fifths of these cases were entrants, who gave a history of wearing sandals most of the day.
H.	8	114	7.1	
I.	2	89	2.2	Walking exercises, plus bare foot exercises given in this school. Plimsolls and sandals not worn except for games.
J.	6	57	10.0	
K.	3	45	6.6	
L.	11	66	16.6	Plimsolls or sandals worn chiefly during summer term.
M.	6	32	18.7	Crepe sandals very fashionable in school, now strictly forbidden except at stated periods.
N.	8	70	11.2	
O.	4	58	6.8	

These examples were taken chiefly from secondary schools, central schools and a few infants and junior mixed schools.

Dr. F. Wolverson

Dover County School for Boys and Folkestone Harvey Grammar School are large secondary schools of round about 400 students each.

In the former, plimsolls are worn only for gymnasium, while in the latter, the boys put them on when they enter the school, at the beginning of session and wear them to the close.

A good opportunity appears to be thus afforded to make a comparison in the incidence of flat foot, between boys wearing heel-less shoes and those having ordinary footgear.

Before submitting and considering results there are certain points to be borne in mind.

1. There are numerous circumstances producing flat foot, whatever footgear may be worn, and it is difficult to eliminate these causes in dealing with heel-less shoes as a possible cause.

Some of these causes are :

a. Obesity, excessive weight.

b. Debility, weak musculature.

c. Rheumatism.

d. Debility following specific fevers.

All these causes are met with in school medical inspection, and according to my observation, their order of frequency is the order given above. The first two are much the more common, and flat foot is found nearly as often in the child of light weight with muscular weakness as in the overgrown fat schoolboy. In fact, the long thin foot is structurally weaker than the short fat one.

2. In considering influence of footwear, in the causation of flat foot, it is necessary to remember that schoolboys stand very little in school. They are seated at desks or taking part in gymnastic exercises or games during the greater part of the time when plimsolls are in use. This is less so in the senior forms.

3. The heel-less shoe is indubitably the nearest approach to the natural state, and yet if any adult unaccustomed to their use walked

say, ten miles in plimsolls he would suffer considerably on the following day. So that while the heel-less shoe is the more natural the heeled shoe is second nature.

4. Schoolboys on all occasions wear low-heeled shoes, while schoolgirls in certain circumstances wear much higher heels. It is conceivable that any foot difference found between plimsoll-wearing children and the others might be greater in the female sex.

5. It is useless to approach this question by classifying the children according to age. They must obviously be classified according to the length of time they have been at the school, and subject to the conditions of footwear obtaining in that school. I therefore divide the boys into three classes.

1. Those who had been in the school a year or less.
2. Those who had been in the school from one to three years.
3. Those who had been in the school more than three years.

With reference to Group 1. Anything less than a year could not be expected to develop flat foot as a result of plimsoll wearing, and any condition found among this group would presumably have been of some other causation.

This group is therefore more or less a control group.

It is impossible to grade flat foot to any appreciable extent. I was content therefore with three grades only :

A.1. Unexceptionable. Good arch and spring.

A.2. Slightly flattened arch of no pathological significance.

B. Flat foot requiring attention and treatment.

The findings were as follows :

	One year or under		*One to* 3 *years*		*Over* 3 *years*	
	A.2.	B	A.2	B	A.2.	B
Folkestone	15.1%	9.1%	13.6%	6.8%	24.0%	Nil.
Dover	6.2%	6.2%	8.0%	12.0%	13.8%	4.6%

Uniting these two grades A2 and B and taking percentages of flat foot of any grade, however slight or severe, we have :—

	One year or under	*One to* 3 *years*	*Over* 3 *years*
Folkestone	24.2	20.4	24.0
Dover	12.4	20.0	18.4

It will be noticed that the plimsoll-wearing school has double the percentage in the under-one-year group where this type of footwear could hardly be expected to be the cause.

In the one-to-three-year group the percentages are approximately the same.

In the more-than-three-years group again the plimsoll-wearing school has the great preponderance of cases.

I am of opinion that in this latter group, the cause is to be found in the fact that these elder boys, getting heavier and growing rapidly, spend a considerable amount of time, much more than the juniors, in standing at the laboratory counter or the workshop bench. The direct question then is :

Do the plimsolls, habitually worn in school, produce flat foot to such an appreciable extent as to make it essential that their use should be discountenanced ?

Speaking generally my answer would be in the negative, as I am persuaded that my observations do not justify such an assumption. At the same time, however, I think this conclusion must be made, viz.: in the senior forms where time is spent in the standing position it is advisable to change into a heeled shoe.

Another fact emerges which cannot be left without comment.

Whatever the result of this or that footwear may be, there is no question that the percentage of flat foot in both these schools is far too high.

It would seem to be desirable to include exercises for the cure and prevention of flat foot in the routine gymnasium course of such schools, and to insist that every gymnasium class of boys of whatever age should never be allowed to leave the class without having performed, under supervision, normal and abnormal-footed boys alike, two or more of the well-known prescribed exercises for this condition.

I find, in practice, that these exercises given and explained to boys, to be done at home, are either perfunctorily performed, or forgotten. If the physical instructor of a secondary school is asked to give the flat footed boys exercises, however conscientious he may be, the matter is a nuisance. It involves rearrangement of classes, inconveniencing not only himself but the other masters. It frequently becomes therefore more honoured in the breach than in the observance. These difficulties would disappear, and much good would accrue, if the exercises were

given at each class, as a matter of course, to all boys, either before, or just after their ordinary physical training.

20. *Miscellaneous.*

Examinations of Assistant Masters, Mistresses, etc.

It was again possible to arrange for the majority of the scholarship candidates to be examined during the routine inspections. In addition, the medical staff examined 185 assistant masters, mistresses, candidates for higher exhibitions, etc.

Necessitous cases. The Committee assisted the parents of 232 children with travelling expenses in connection with medical treatment, and 321 pairs of spectacles were supplied free of charge.

Table 8 (*Board of Education Table I*)

Return of Medical Inspections

ELEMENTARY SCHOOLS

A.—Routine Medical Inspections, 1933

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS

Entrants	9,081
Second age group	6,880
Third age group	9,701
Total	25,662
Number of other Routine Inspections	Nil

B.—Other Inspections

Number of Special Inspections	6,015
Number of Re-Inspections	18,146
Total	24,161

Table 9 (Board of Education Table II)

ELEMENTARY SCHOOLS

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1933

Defect or Disease		Routine Inspections — No. of Defects		Special Inspections — No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but *not* requiring treatment	Requiring treatment	Requiring to be kept under observation, but *not* requiring treatment
(1)		(2)	(3)	(4)	(5)
Malnutrition		57	307	224	22
Skin	Ringworm:				
	Scalp	6	1	22	—
	Body	7	—	58	—
	Scabies	20	2	93	—
	Impetigo	24	9	663	—
	Other Diseases (non-Tuberculous)	57	65	394	10
Eye	Blepharitis	93	52	91	8
	Conjunctivitis	10	5	50	2
	Keratitis	—	—	2	—
	Corneal Opacities	—	2	16	—
	Defective Vision (excludg. Squint)	902	438	389	35
	Squint	111	85	53	5
	Other Conditions	19	35	68	5
Ear	Defective Hearing	48	94	37	14
	Otitis Media	40	22	92	7
	Other Ear Diseases	73	78	105	12
Nose & Throat	Chronic Tonsillitis only	286	1,574	170	78
	Adenoids only	118	178	69	24
	Chronic Tonsillitis and Adenoids	652	504	283	45
	Other Conditions	37	283	87	35
Enlarged Cervical Glands (non-Tuberculous)		22	481	76	27
Defective Speech		32	65	3	5
Teeth—Dental Diseases		5,644	126	407	4
Heart and Circulation	Heart Disease:				
	Organic	21	46	19	5
	Functional	13	315	4	18
	Anæmia	200	157	97	23
Lungs	Bronchitis	72	133	104	12
	Other non-Tuberculous Diseases	19	188	13	13
Tuberculosis	Pulmonary:				
	Definite	—	—	1	—
	Suspected	14	30	19	3
	Non-Pulmonary:				
	Glands	13	8	20	1
	Bones and Joints	3	—	6	1
	Skin	—	1	—	—
	Other Forms	4	6	2	1
Nervous System	Epilepsy	9	12	12	2
	Chorea	4	31	42	17
	Other Conditions	36	86	51	8
Deformities	Rickets	13	30	4	3
	Spinal Curvature	106	135	23	7
	Other Forms	407	388	86	27
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		421	1,226	1,513	157
Totals		9,613	7,198	5,468	636

B.—Number of INDIVIDUAL Children found at Routine Inspections to require Treatment (excluding Uncleanliness and Dental Diseases)

Group (1)	Number of Children		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require Treatment (3)	
Prescribed Groups :			
Entrants	9,081	1,197	13.2
Second Age Group	6,880	818	11.9
Third Age Group	9,701	1,398	14.5
Total (Prescribed Groups) ..	25,662	3,413	13.3
Other Routine Inspections ..	—	—	—

Table 10.—*Return of all Exceptional Children in the Area*, 1933

Children Suffering from Multiple Defects

	Total
Blindness (NOT Partial Blindness)	30
Deafness (NOT Partial Deafness)	
Mental Defect	
Epilepsy	
Active Tuberculosis	
Crippling	
Heart Disease	

Blind Children

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
7	—	—	—	7

Partially Blind Children

At Certified Schools for the Blind	At Certified Schools for Partially Blind	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
11	19	27	—	7	64

Deaf Children

At Certified Schools for the Deaf	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
27	1	—	4	32

Partially Deaf Children

At Certified Schools for the Deaf	At Certified Schools for Partially Deaf	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
2	8	5	—	2	17

Mentally Defective Children

Feeble-Minded Children

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
70	224	4	70	368

Epileptic Children

Children Suffering from Severe Epilepsy

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
24	17	—	6	47

Physically Defective Children

A.—Tuberculous Children

(1) *Children suffering from Pulmonary Tuberculosis (including Pleura and intra-thoracic glands)*

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
2	23	14	7	46

(2) *Children suffering from Non-Pulmonary Tuberculosis*

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
80	172	18	10	280

B.—Delicate Children

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
55	86	—	—	141

C.—Cripple Children

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
71	38	1	16	126

D.—Children with Heart Disease

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At No School or Institution	Total
20	17	1	8	46

Children with Multiple Defects

Defects	Type of School, if any	Total
Feebleminded and Epileptic	At Epileptic Colony	1
	At Public Elementary School	2
	At no School or Institution	5
Feebleminded and Cripple	At Public Elementary School	9
	At no School or Institution	6
Feebleminded and Heart Disease	At Public Elementary School	1
Feebleminded and Totally Deaf	At School for Totally Deaf	1
	At other Institution	1
	At no School or Institution	1
Totally Deaf and Cripple	At Public Elementary School	1
Feebleminded and Tuberculosis	At Public Elementary School	1
Cripple and Tuberculosis	At no School or Institution	1
	Total	30

Table 11 (*Board of Education Table IV*)

ELEMENTARY SCHOOLS

Return of Defects treated during the Year ended 30th June, 1933

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS)

Defect or Disease (1)	Number of Defects treated, or under Treatment during the Year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
Ringworm-Scalp. (Shown separately in brackets the number which were treated by X-Rays)	44 (24)	2 (–)	46 (24)
Ringworm-Body	122	10	132
Scabies	144	10	154
Impetigo	1,058	36	1,094
Other Skin Disease	495	23	518
Minor Eye Defects : (External and other, but excluding cases falling in Group II)	231	6	237
Minor Ear Defects	111	9	120
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	711	2	713
Total	2,940	98	3,038

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I)

Defect or Disease	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted refraction by Private Practitioner, or at Hospital, apart from the Authority's Scheme	Otherwise	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	1,882	50	35	1,967
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	1	—	1
Total	1,882	51	35	1,968

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme 1,439

(*b*) Otherwise 79

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme 1,388

(*b*) Otherwise 79

Group III.—Treatment of Defects of Nose and Throat

Defect	Number of Defects				
	Received Operative Treatment			Received other forms of Treatment	Total Number Treated
	Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner, or Hospital, apart from Authority's Scheme (2)	Total (3)	(4)	(5)
Tonsils ..	246	80	326	—	326
Adenoids only	70	19	89	—	89
Tonsils and Adenoids	503	136	639	—	639
Other Defects of the Nose and Throat	3	—	3	7	10
Totals ..	822	235	1,057	7	1,064

Group IV.—Orthopædic and Postural Defects

	Under the Authority's Scheme			Otherwise	Individual Children Treated
	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-residential Treatment at an Orthopædic Clinic (iii)		
Number of children treated	44	29	739	—	761

Group V.—Dental Defects

(1) Number of Children who were :

(*a*) Inspected by the Dentist :

Routine Age Groups ..	Aged			
	5	..	4,841	Total 23,460
	6	..	3,037	
	7	..	2,720	
	8	..	2,663	
	9	..	2,643	
	10	..	2,261	
	11	..	1,935	
	12	..	1,537	
	13	..	1,572	
	14	..	251	

(*b*) Found to require treatment	16,106	
(*c*) Actually treated	8,379	
(*e*) Re-inspected	31,437	
(*e*) Re-treated during the year as the result of periodic examination	7,336	
(2) Half-days devoted to Inspection ..	392	Total 3,383
Treatment ..	2,991	
(3) Attendances made by children for treatment	23,712	
(4) Fillings .. .. Permanent teeth	13,550	Total 15,524
Temporary teeth	1,974	
(5) Extractions .. Permanent teeth	3,749	Total 29,444
Temporary teeth	25,695	
(6) Administrations of general anæsthetics for extractions	664	
(7) Other operations Permanent teeth	3,791	Total 5,217
Temporary teeth	1,426	

Group VI.—Uncleanliness and Verminous Conditions

(i)	Average number of visits per school made during the year by the School Nurses	4.7
(ii)	Total number of examinations of children in the Schools by the School Nurses	200,607
(iii)	Number of individual children found unclean ..	3,235
(iv)	Number of children cleansed under arrangements made by the Local Education Authority ..	Nil
(v)	Number of cases in which legal proceedings were taken :	
	(*a*) Under the Education Act, 1921 ..	Nil
	(*b*) Under School Attendance Byelaws ..	12

Group VII

Return of Other Defects treated during the period 1st July, 1932, to 30th June, 1933

	No. Treated or Under Treatment
Malnutrition	201
Keratitis	2
Corneal Ulcer	5
Corneal Opacities	10
Other Eye Conditions	97
Defective Hearing	94
Otitis Media	107
Other Ear Defects	73
Nose and Throat (other conditions)	165
Enlarged Cervical Glands	81
Defective Speech	17
Heart :	
Organic	21
Functional	4
Anæmia	197
Debility	172
Lungs :	
Bronchitis	127
Other	85
Tuberculosis, Pulmonary :	
Definite	—
Suspected	4
Tuberculosis, Non-Pulmonary :	
Glands	22
Spine	—
Hip	—
Other Bones and Joints	7
Other	2
Nervous System :	
Epilepsy	11
Chorea	49
Other	37
Deformities :	
Rickets	7
Spinal Curvature	52
Other Forms	198
Other Defects and Diseases	616
Total	2,463

Note.—The figures in Groups IV, V and VI of this Table relate to the period January 1st, 1933, to December 31st, 1933.)

Table 12 (*Board of Education Table I*)

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS

Number of Children Inspected 1*st January*, 1933, *to* 31*st December*, 1933

A.—ROUTINE MEDICAL INSPECTIONS

Age	5	6	7	8	9	10	11	12
Boys ..	18	11	19	37	91	119	661	336
Girls ..	25	32	33	85	112	165	529	214
Totals ..	43	43	52	122	203	284	1,190	550

Age	13	14	15	16	17	18	19	Totals
Boys ..	275	836	150	772	—	1	—	3,326
Girls ..	284	970	38	672	35	22	—	3,216
Totals ..	559	1,806	188	1,444	35	23	—	6,542

B.—SPECIAL INSPECTIONS

	Special Cases	Re-examinations (i.e., No. of Children Re-examined)
Boys	22	1,406
Girls	39	2,255
Totals	61	3,661

Table 13 (*Board of Education Table II*)

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS

A.—Return of Defects found by Medical Inspection in the Year ended 31*st December*, 1933

Defect or Disease	Routine Inspections — No. of Defects		Special Inspections — No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition	14	72	1	1
Uncleanliness:				
Head	7	3	—	—
Body	—	3	—	—
Skin — Ringworm:				
Scalp	—	—	—	—
Body	—	—	—	—
Skin — Scabies	1	—	—	—
Skin — Impetigo	3	—	—	—
Skin — Other Diseases (Non-Tuberculous)	20	19	—	—
Eye — Blepharitis	18	16	—	—
Eye — Conjunctivitis	—	2	—	—
Eye — Keratitis	—	—	—	—
Eye — Corneal Ulcer	—	—	—	—
Eye — Corneal Opacities	—	—	—	—
Eye — Defective Vision	512	343	5	4
Eye — Squint	7	6	—	—
Eye — Other Conditions	1	5	—	—
Ear — Defective Hearing	18	18	—	—
Ear — Otitis Media	5	1	—	1
Ear — Other Ear Diseases	12	10	1	—
Nose and Throat — Chronic Tonsillitis only	22	82	—	1
Nose and Throat — Adenoids only	10	24	—	—
Nose and Throat — Chronic Tonsillitis and Adenoids	34	54	1	—
Nose and Throat — Other Conditions	27	60	—	—
Enlarged Cervical Glands (Non-Tuberculous)	6	55	—	1
Defective Speech	3	11	—	1
Teeth—Dental Diseases	1,360	50	2	1
Heart and Circulation — Heart Disease:				
Heart and Circulation — Organic	5	19	—	—
Heart and Circulation — Functional	9	170	2	2
Heart and Circulation — Anæmia	61	55	3	—
Lungs — Bronchitis	5	19	—	—
Lungs — Other Non-Tuberculous Diseases	1	34	1	—
Tuberculosis — Pulmonary:				
Tuberculosis — Definite	—	—	—	—
Tuberculosis — Suspected	2	4	—	—
Tuberculosis — Non-pulmonary:				
Tuberculosis — Glands	2	1	—	—
Tuberculosis — Spine	—	—	—	—
Tuberculosis — Hip	—	—	—	—
Tuberculosis — Other Bones and Joints	—	—	—	—
Tuberculosis — Skin	—	—	—	—
Tuberculosis — Other Forms	—	—	—	—
Nervous System — Epilepsy	2	—	—	—
Nervous System — Chorea	—	5	1	—
Nervous System — Other Conditions	18	27	1	2
Deformities — Rickets	1	1	—	—
Deformities — Spinal Curvature	158	88	4	1
Deformities — Other Forms	380	318	5	—
Other Defects and Diseases	181	284	11	6
Total	2,905	1,859	38	21

B.—Number of Individual Children found at Routine Medical Inspections to require Treatment (excluding Uncleanliness, Defective Clothing, etc., and Dental Diseases)

Group (1)	Number of Children		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require Treatment (3)	
Code Groups :			
Entrants	747	137	18.35
Intermediates	550	97	17.64
Leavers	1,690	321	19.00
Total (Code Groups)	2,987	555	18.59
Other Routine Inspections ..	3,555	726	20.43

Table 14 (*Board of Education Table IV*)

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS

Return of Defects treated during the period July 1*st*, 1932, *to June* 30*th*, 1933

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS)

Disease or Defect (1)	Number of Defects treated, or under Treatment during the Year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
Skin—			
Ringworm—Scalp	—	—	—
Ringworm—Body	—	—	—
Scabies	—	—	—
Impetigo	—	—	—
Other Skin Diseases	—	8	8
Minor Eye Defects—			
External and other, but excluding cases falling in Group II	—	20	20
Minor Ear Defects	—	6	6
Miscellaneous—			
e.g. minor injuries, bruises, sores, chilblains, etc.	—	—	—
Total	—	34	34

Group II.—Defective Vision and Squint (Excluding Minor Eye Defects Treated as Minor Ailments—Group I)

Defect or Disease	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	206	288	50	544
Other Disease or Defect of the Eyes (excluding those recorded in Group I) ..	—	—	—	—
Total	206	288	50	544

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme 157

(*b*) Otherwise 329

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme 154

(*b*) Otherwise 328

Group III.—Treatment of Defects of Nose and Throat

Number of Defects					
	Received Operative Treatment				
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from Authority's Scheme	Total	Received other forms of Treatment	Total Number Treated
(1)	(2)	(3)	(4)	(5)	(6)
Enlarged Tonsils	4	16	20	1	21
Adenoids ..	1	8	9	2	11
Tonsils & Adenoids	4	10	14	—	14
Other Conditions	1	1	2	—	2
Totals ..	10	35	45	3	48

Group IV.—Treatment of Other Defects

	Cases Treated or Under Treatment
Malnutrition	9
Ears—	
Defective Hearing	6
Otitis Media	3
Other Ear Conditions	10
Nose and Throat (other than enlarged tonsils, etc.)	4
Enlarged Cervical Glands	16
Defective Speech	—
Defective Teeth	1,100
Heart—	
Organic	—
Functional	1
Anæmia	51
Lungs (Other)	4
Tuberculosis, Pulmonary—	
Definite	—
Suspected	—
Tuberculosis, Non-Pulmonary	2
Nervous System—	
Chorea	—
Other	3
Deformities—	
Rickets	—
Spinal Curvature	52
Other Forms	134
Debility	12
Other Defects and Diseases	37
Total	1,444